

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # _____

10/5/8053

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

☒ Filing

☐ Amendment

☐ Extension of Time

☐ Notice of Appeal/Appeal

☐ Petition

☐ Issue

☐ Cert of Correction/Terminal Disc.

☐ Maintenance

☐ Assignment

☐ Other

**REFUND COMPLETED
PCT NATIONAL DIVISION**

\$ 100

\$

\$

\$

\$

\$

\$

\$

\$

\$

7 TOTAL AMOUNT
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

Treasury Check CC

Credit Deposit A/C #: _____

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation): _____

**REFUND COMPLETED
PCT NATIONAL DIVISION**

9

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: JAMALA Holland

TITLE: Lawyer

SIGNATURE: J. Holland

PHONE: 703-308-9140

OFFICE: PCT

X209

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: